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CONFIRMATION NO. 9522

|  |   |                           |   |                                   |                            |
|--|---|---------------------------|---|-----------------------------------|----------------------------|
| SERIAL NUMBER<br>10/602,039  | FILING DATE<br>06/23/2003<br><br>RULE   | CLASS<br>128              | GROUP ART UNIT<br>3743  | ATTORNEY<br>DOCKET NO.<br>SB 1644 |                            |
| <b>APPLICANTS</b><br>Robert Brockman, Bakersfield, CA;<br>** CONTINUING DATA ***** NONE ASC 3/14/06<br>** FOREIGN APPLICATIONS ***** NONE ASL 3/14/06<br>** SMALL ENTITY **  |   |                           |   |                                   |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <u>Allowance</u><br>Examiner's Signature <u>ASL</u> Initials |   | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>5  | TOTAL<br>CLAIMS<br>18             | INDEPENDENT<br>CLAIMS<br>3 |
| <b>ADDRESS</b><br>I. Michael Bak-Boychuk<br>Attorney at Law<br>P.O. Box 32501<br>Long Beach, CA<br>90832   |   |                           |   |                                   |                            |
| <b>TITLE</b><br>Respiration hood useful in biological, radiological and chemical emergencies   |   |                           |   |                                   |                            |
| FILING FEE<br><br>RECEIVED<br>375  | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                   |                            |